

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			12/09/99
O.I.P.E. CLASSIFIER		59	12/15
FORMALITY REVIEW	CM	71632	1/4/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	1/1/00
2	1/2/00
3	1/3/00
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41	2/10/00
42	2/11/00
43	2/12/00
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45	2/14/00
46	2/15/00
47	2/16/00
48	2/17/00
49	2/18/00
50	2/19/00

Claim	Date
42	1/1/00
43	1/2/00
44	1/3/00
45	1/4/00
46	1/5/00
47	1/6/00
48	1/7/00
49	1/8/00
50	1/9/00

Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy